

ISSUE SLIP STAPLE AREA (for additional cross references)

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	71334	02-05-99
O.I.P.E. CLASSIFIER		5	12-9-99
FORMALITY REVIEW	SB	#02033	3-16-99

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral)...	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim	Original	Date
1	✓	2/10/02
2	✓	2/10/01
3	✓	2/10/02
4	✓	2/10/02
5	✓	2/10/02
6	✓	2/10/02
7	✓	2/10/02
8	✓	2/10/02
9	✓	2/10/02
10	✓	2/10/02
11	✓	2/10/02
12	✓	2/10/02
13	✓	2/10/02
14	✓	2/10/02
15	✓	2/10/02
16	✓	2/10/02
17	✓	2/10/02
18	✓	2/10/02
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26	✓	2/10/02
27	✓	2/10/02
28	✓	2/10/02
29	✓	2/10/02
30	✓	2/10/02
31	✓	2/10/02
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42	✓	2/10/02
43	✓	2/10/02
44	✓	2/10/02
45	✓	2/10/02
46	✓	2/10/02
47	✓	2/10/02
48	✓	2/10/02
49	✓	2/10/02
50	✓	2/10/02

Claim		Date						
Final	Original							
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Claim	Date
Final Original	
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**If more than 150 claims or 10 actions
staple additional sheet here**